

Planning Application



Project Name Church of Christ Chapel Paly Co T

Applicant or Agent for Applicant

Name Ted Larsen
 Company Church of Christ Real Estate, LLC
 Address 1875 N. Calhoun Rd
 City Brookfield State WI Zip 53005
 Daytime Phone Number 262-542-0533
 E-mail Address tlarsen@churchofchristreal.com
 Fax Number 262-786-8010

Agent is Representing (Tenant/Owner)

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone Number _____
 E-mail Address _____
 Fax Number _____

Property Information

Property Address 7606 W. Greenfield Ave
 Tax Key No. 441-0091-000
 Aldermanic District 2
 Current Zoning _____
 Property Owner _____
 Property Owner's Address _____
 Existing Use of Property Service station
 Previous Occupant _____
 Total Project Cost Estimate _____

Application Type and Fee

(Check all that apply)

- Special Use: (Public Hearing Required) \$500
- Level 1: Site, Landscaping, Architectural Plan Review \$100 (Project Cost \$0-\$1,999)
- Level 2: Site, Landscaping, Architectural Plan Review \$250 (Project Cost \$2,000-\$4,999)
- Level 3: Site, Landscaping, Architectural Plan Review \$500 (Project Cost \$5,000+)
- Site, Landscaping, Architectural Plan Amendment \$100
- Extension of Time \$250
- Signage Plan Appeal \$100
- Request for Rezoning \$500 (Public Hearing Required)
Existing Zoning: _____ Proposed Zoning: _____
- Request for Ordinance Amendment \$500
- Planned Development District \$1,500 (Public Hearing Required)
- Subdivision Plats \$1,700
- Certified Survey Map \$600
- Certified Survey Map Re-approval \$50
- Street or Alley Vacation/Dedication \$500
- Transitional Use \$500 (Public Hearing Required)
- Formal Zoning Verification \$200

In order to be placed on the Plan Commission agenda, the Department of Development MUST receive the following by the last Friday of the month, prior to the month of the Plan Commission meeting.

- Completed Application
- Corresponding Fees
- Project Description Attached
- One (1) set of plans (24" x 36")
 - Site/Landscaping/Screening Plan
 - Floor Plans
 - Elevations
 - Certified Survey Map
 - Other
- One (1) electronic copy of plans
- Total Project Cost Estimate

Please make checks payable to:
 City of West Allis

FOR OFFICE USE ONLY

Plan Commission July 22
 Common Council Introduction July 7
 Common Council Public Hearing August 4

Applicant or Agent Signature Ted Larsen Date 6-26-15

Property Owner Signature _____ Date _____



Oper: WALSRJBI Type: DC Drawer: 1
 Date: 7/10/15 01 Receipt no: 46538
 GH DEV SPECIAL USE PERMIT 1.00 \$500.00
 CHURCH & CHAPEL FUNERAL 1.00
 60 DEV LVL 3 SITE-ARCH PLN R 1.00 \$500.00
 CHURCH & CHAPEL FUNERAL 1.00
 61 DEV STREET/ALLEY VACATION 1.00 \$500.00
 CHURCH & CHAPEL FUNERAL 1.00
 CK CHECK PAYMEN 25070 \$1500.00
 Total tendered \$1500.00
 Total payment \$1500.00

Trans date: 6/29/15 Time: 13:04:53

Church & Chapel

25070

1500.00

1500.00

21-20-10

10/10